

STATE OF CALIFORNIA  
 DEPARTMENT OF MOTOR VEHICLES

|             |
|-------------|
| FIRM NUMBER |
| NAME        |

**CONTINUING EDUCATION EXEMPTION APPLICATION  
 (WHOLESALE-ONLY DEALERS)**

A Wholesale-Only dealer who sells 49 vehicles (or less) during the 12-month period prior to the date of this application may apply for the Continuing Education Exemption. This certification exempts the licensee from taking the minimal four (4) hour continuing educational program that is required to renew their license.

To apply for the exemption, complete this form and return it with your renewal notice and fees to the address listed below. Renewals may be applied for 90 days prior to the expiration date of this license. This exemption is valid for the one-year term of your license and must be reapplied for with each renewal.

Occupational Licensing  
 Attn: Renewal Unit  
 P.O. Box 932342 Mail Station L224  
 Sacramento, CA. 94232-3420

Please enter the first and last number of the Wholesale Report of Sale and the dates issued for the 12-month period prior to the application date of the renewal: *(If no vehicles were sold in the last 12-month period, enter "NONE.")*

|                                       |      |
|---------------------------------------|------|
| FIRST WHOLESALE REPORT OF SALE NUMBER | DATE |
| LAST WHOLESALE REPORT OF SALE NUMBER  | DATE |

Wholesale-Only dealers, claiming this exemption are subject to reviews by the department. Failure to follow this procedure may result in administrative action against your license.

|              |                     |
|--------------|---------------------|
| FIRM NAME    | FIRM LICENSE NUMBER |
| FIRM ADDRESS | CITY STATE ZIP CODE |

|                                      |   |
|--------------------------------------|---|
| CURRENT TELEPHONE NUMBER<br>(      ) | TYPE OWNERSHIP<br><input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Association |
|--------------------------------------|---|

| OWNER'S NAME(S): <i>(Print—use reverse if more than three)</i> | TITLE |
|--|-------|
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***I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Must be signed by a sole owner, all partners, a corporate officer, a limited liability company member/manager, or association member of record.***

|                           |       |
|---------------------------|-------|
| EXECUTED AT (CITY, STATE) | DATE  |
| SIGNATURE                 | TITLE |
| SIGNATURE                 | TITLE |

